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TEXAS DEPARTMENT OF HEALTH

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Division of Infectious Disease Epidemiology and Surveillance

TxEDSS

Data Entry Guide 2

TxEDSS Data Entry Guide, 2ⁿᵈ Edition

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Acknowledgements

The editor thanks Kaye Shields, Jin Young, and Carl Ditzler for their assistance.

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Introduction

The Texas Electronic Disease Surveillance System (TxEDSS) is a replacement for the National Electronic Telecommunications System for Surveillance (NETSS) notifiable condition database. TxEDSS is to be used until a suitable replacement is available. The system is written in MS Access 2000 and has password security for all customer users.

This second edition of the TxEDSS Data Entry Guide was designed to familiarize the reader with the data entry forms (pages, screens, and fields) used to collect epidemiological data. Chapter 1 gives the reader an overview of the data entry form. Chapters 2 and 3 provide details. The appendix contains a cross-reference table with event codes, names, and common abbreviations. Also included are a glossary and a section for TxEDSS installation system requirements. This guide was created to complement data entry training.

Method
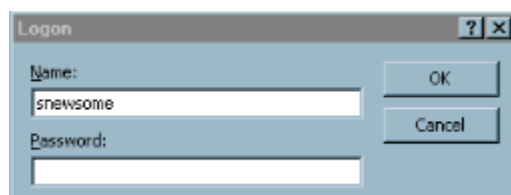
I C O N   K E Y
☝ Valuable Information
✎ Take Note
⇨ Go To

Screenshots with text comments are used to guide the reader through the data entry function of TxEDSS. Fictitious data are used in the screenshot examples. Most sections are organized such that a brief overview and features statements are placed first, then a screenshot, and last a list of fields and descriptions. Notes and helpful hints or tips are interspersed within the sections.

Logon

☝ Log on with your user name and password to enter the TxEDSS system. Your password should not be shared with others. The source of a problem can be found more easily if it can be linked to one customer. Your administrator will set up each person with his or her own user ID.

Main Menu

This is the first screen after you log on. You can use a program by selecting a button. Currently only the "Data Entry" program is supported and functioning.

Features

- The TxEDSS version number, 1.5, is in the bottom left corner.

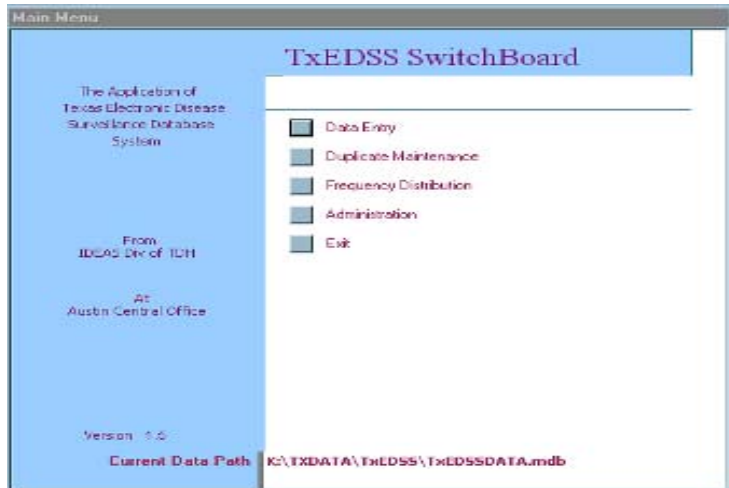- The current data path is important. On the bottom of the screen, you should see C:\TxEDSS\TxEDSSData.MDB or a different drive letter depending on your computer.

- If you are on a local area network (LAN) connection, the data path should point to a LAN location.

Main Menu Programs

"Data Entry" is the main system program and will be covered in Chapters 1-3.

"Duplicate Maintenance" is not yet supported.

"Frequency Distribution" is supported but not covered in this guide.

"Administration" lets you customize your system, including the Local Use Page, but is not covered in this guide.

"Exit" takes you out of the system.

⇨   Click <Data Entry> to continue into the main program. The **Summary List** page will appear. Ignore this page (unless you want to do a quick analysis of previously entered data) and click <Enter Records>. The **Data Entry Form** will appear.

1. Data Entry Overview

Quick Guide

The TxEDSS data entry program has a **Data Entry Form** that is composed of the following sub-tabs (pages): **Patient** page, **Supplemental** page, and **Local Use** page. Some diseases (called Events) have an additional page, the **Event Specific** page. For most events, only the **Patient** page and the **Supplemental** page will be used to enter information. The **Local Use** page is not required for reporting to the Central Office.

This document uses page, form, and screen as equivalent words. That is, these words have similar meanings.

A field is a blank space where you can type data.

Many fields have drop-down lists (menus, pick lists, or boxes). These fields have a button with an arrowhead that you click to view the list. This document uses drop-down list, drop-down box, pick list, and menu as equivalent words.

When you type the appropriate answers in the blanks on the screen, you are entering data.

A record is all the data entered about each person's event.

The <Go to Gepi>button (found only in the **Supplemental** pages) takes you back to the **Patient** page.

The <Save Record> button will appear in all the screens so that if you need to exit the system quickly you can save what you have entered thus far without having to return to the **Patient** page.

Screen example that includes an **Event Specific** tab (*E. coli* O157:H7)

For the most part, questions on the form or pages are self-explanatory, but more details are available in the following chapters of this document. Sequential steps for data entry follow.

1. Once you log on, the **Main Menu** screen will appear with the menu items. Click <Data Entry>.

2. The **Summary List** page will appear. Unless you wish to do a quick analysis of available reports, ignore this page and click the <Enter Records> button located at the right lower corner of the page.

3. The **Patient** page will appear first and will have a patient's name on the tab and data on the fields. To enter a new record (Event data), click <Add New> and you will get a blank page.
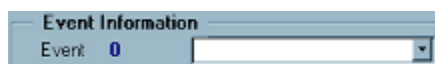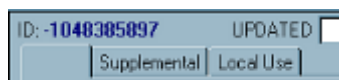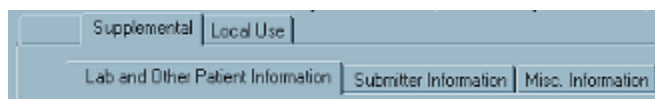
4. The cursor will automatically be placed in the **Last Name** field. (The tab sequence is **Last Name**, **First Name**, and **Event**.) Enter the information.
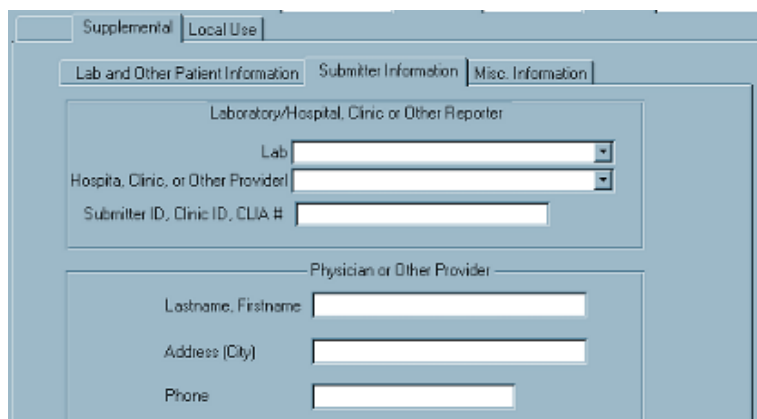
Event Information
Event 0

5. When you get to the **Event** field, choose the **Event Name** from the drop-down menu. You can also type the first few letters of the **Event Name** and the program will complete it for you. Make sure that you are selecting the appropriate event name and code for the condition you are entering. Several events (diseases and conditions) have more than one **Event Code**. For example Hepatitis B and C have at least 2 codes corresponding to the acute and chronic types of hepatitis. Press the <Tab> or <Enter> key to go to the next field.

6. After you have completed data entry on the **Patient** page, go to the **Supplemental** page. There are several ways to do this: click <Go to TxSup>, press <Tab> or <Enter> after the status, or choose the next tab labeled **Supplemental**.

ID: -1048385897   UPDATED
          Supplemental | Local Use |

7. The **Supplemental** page will appear. It has 3 sub-tabs (screens): **Laboratory and Other Patient Information, Submitter Information,** and **Misc. (Miscellaneous) Information**. Complete the **Laboratory and Patient Information** page first by answering the questions.

Supplemental | Local Use |
Lab and Other Patient Information | Submitter Information | Misc. Information |

8. After you have completed the **Lab and Other Patient Information** page, go to the **Submitter Information** page. There are several ways to do this: press <Tab> or <Enter> after the last field in **Lab and Other Patient Information** or click the next tab labeled **Submitter Information**. On this page you will enter data about the facility (laboratory, hospital, clinic) and/or person (physician or other provider) who is reporting the case.

Supplemental | Local Use |
Lab and Other Patient Information | Submitter Information | Misc. Information |
Laboratory/Hospital, Clinic or Other Reporter
Lab
Hospital, Clinic, or Other Provider
Submitter ID, Clinic ID, CLIA #
Physician or Other Provider
Lastname, Firstname
Address (City)
Phone

9. If a lab is reporting, click in the Lab field and type the first few letters of the lab name (the entire name will appear if it is in the drop-down list) or click on the drop-down list and choose (click) the lab name. Complete the page and check for accuracy.

10. If a hospital, clinic, or other provider is reporting, click in the hospital, clinic, or other provider field and type the first few letters of the hospital (if it is available in the drop-down list, the entire name will appear) or click on the drop-down list to choose the name. This field also provides "Other" as a choice for selection.

11. If the name of the facility reporting is not found on the drop-down list, you can add it by double clicking in the hospital or laboratory field. This will bring up the **Lab Setup** or **Hospital Setup** page. Ignore the first field named "Look Up Labs" or "Look Up Hospital" and go to the "Lab Name" or "Hospital Name" and enter the new data.

12. Use these same set-up pages to correct or update lab, hospital, clinic, or other submitter information. Click <Add Record> when you finish entering information on this page, then click <Close>. The **Submitter** page should reappear.

13. Ignore the **Miscellaneous** page (**Misc. Information** tab). Do not click this tab or you may be forced to quit the system. The **Misc**. screen contains the space-holder fields for NETSS source codes.

14. Ignore the **Local Use** page. This page is not currently used to report to the Texas Department of Health Central Office or the Centers for Disease Control and Prevention.

15. If the disease or event you are entering data for has an **Event Specific** page (a tab with an event name such as *E. coli* 0157:H7), click on this tab to continue data entry. Complete the **Event Specific** pages as instructed in Chapter 3 of this guide. If the **Event Specific** page is not present, go to the next step.

16. Return to the **Patient** page. There are several ways to do this: press <Tab> or <Enter> after the last field in the page, click <Go to Gepi> or click the tab with the patient's name on it.

17. Click <Save Record> to add the record. You have finished data entry for this record.

18. If you want to enter more reports on the same or different persons, click the <Add New> button to get a blank page and proceed as outlined above.

19. To exit the **Data Entry Form**, click on the <X> button on the right top corner of the form.

 For more detailed instructions please refer to the appropriate chapters in this guide.

2. Data Entry Form

The TxEDSS data entry program has a **Data Entry Form** with the following sub-tabs (pages):

- The **Patient** page is for disease and patient information (demographic information).
- The **Supplemental** page has three sub-tabs that allow data entry for laboratory, submitter, and miscellaneous information.
- The **Event Specific** page has specific fields (questions) for specific diseases/health events. It is not present for all diseases/health events.
- The **Local Use** page is for regional information; you can customize this page to add data (variables) that you are collecting locally and that are not reportable to TDH.

Screen example that includes an **Event Specific** tab (E coli).

Features

- Your data is filtered for you at startup. The records shown in the data entry screen are for current year, minus any records marked as duplicates or deleted.
- All records are sorted by ID number automatically.
- The recommended order for data entry is built into the system because some fields depend on others. However, you can enter most fields whenever you wish by clicking on them.
- Many fields have drop-down lists (menus or boxes). These fields will have a button with an arrowhead that you click to view the list.
- The system computes the patient's age at the time of entry, after you enter the event date and the patient's birth date.
- All date fields use the "**mm/dd/yyyy"** format.
- Use the horizontal arrows in the **Patient** page to move back and forth among record screens.
- Click the page tabs to go back and forth among pages.
- The tabs and returns sometimes work differently for different pages. Usually you can use the tab key to go from field to field.

- To enter new data, click <Add New> and get a blank page.
- After you have entered/completed all the appropriate pages for an event and are done, click <Save Record>.
- If you want to enter several other events on the same or different persons, return to the **Patient page**, click <Add New> and proceed to fill the appropriate pages. **Save each record.**

Patient Page

This **Patient** page has disease information (event information) and the details such as name, age, and address. Notice the tabs next to the patient name: Supplemental, E. coli O157:H7 (Event Specific), and Local Use. Click these tabs for access to pages available for data entry.

☝ To enter a new record, click <Add New> and get a blank page. Whether you are entering data for one event or many, the process is the same. After you have entered/completed all the appropriate pages for one event and are done, click <Save Record>.

☝ Use the horizontal arrows to move back and forth among record screens. Use the page tabs to go back and forth among the available pages.

Patient Fields

Updated   The default is today's date which is automatically entered.

Reported Date   The default date is today's date. You may change the date to match the report date. Type an 8-digit date. Choose the next field.

Reported by   The name of the person who logged into the system automatically is inserted here.

Last Name, First Name   Duplicate checking occurs at these fields, so it may take a few seconds before you can proceed. Entry accuracy is important. Respectively, each field has space for 20 and 16 characters.

Event   At the Event field (disease name or health event), the system will try to guess what you are typing. Click the Event field and type the first few letters of the disease or condition or click on the drop-down list and choose the disease or condition. Make sure that you are selecting the appropriate event name and code for the condition you are entering. Several events (diseases or conditions) have more than one Event Code. For example Hepatitis B and C have at least 2 codes corresponding to the acute and chronic types of hepatitis.

Event date   Enter an 8-digit date with no slashes.

Event Type   This field contains the following choices: Unknown, Onset, Diagnosis, Specimen collection, Reported to county, Reported to state, Date of death, and Other. The system will try to guess what you are typing, so enter a couple of letters or use the drop-down list to choose one. Please check for accuracy.

Year and MMWRWK   These fields are not available to you; they are entered automatically.

Birth Date   Enter an 8-digit date with no slashes. For example, 08082002 will show as 8/8/2002.

Age and Age Type   The age will be automatically calculated and placed. Age type drop-down list contains years (default), months, weeks, days, and census coded as choices.

Address   Enter as written. This space can contain up to 50 characters.

City   Choose from the drop-down list or type in. If this field is entered with a city on the list, the county and public health region (PHR) is automatically entered. If the city is not on the list, you may have to enter the additional information in other fields.

Zip   Enter the 5 or 9 digits.

County   Check for accuracy and correct the county name as necessary.

PHR   Choices are 1-11; usually this number will be automatically entered when the city name is entered.

Sex   Choose from Female, Male, and Unknown.

Race   Choose from the menu.

Ethnicity   Type H (Hispanic), N (Not Hispanic) or U (Unknown).

Phone   Type in the numbers only.

Link   This field contains a drop-down list of outbreak events. If this case was identified via an outbreak investigation (is related to or linked to), choose for entry the appropriate name of the outbreak event. You have to choose this field to enter data in it.

Other Data (Comments)   This field contains space for 25 text characters. Any relevant data can be entered here. For example, the name of the drug that the bacteria are resistant to for event 11720 may go here.

Status   This field may become available after several fields are completed. Choose from the drop-down list which contains the following choices: Unassigned, Confirmed, Probable, Suspect, Dropped, Duplicate record, Deleted record, and Unknown.

⇨   Once you have finished entering data in this page, go to the **Supplemental** page. You can do this several ways: press the <Tab> key, click <go to TxSup>, or click the **Supplemental** tab.

Supplemental Page

This page has 3 sub-tabs (screens): **Laboratory and Other Patient Information**, **Submitter Information**, and **Misc**. (**Miscellaneous) Information**. For the most part the questions are self-explanatory. (Some fields are hidden and will appear depending on the answers entered.) The instructions are written in sequential order starting with the **Lab and Other Patient Information**, followed by **Submitter Information** and then the **Misc. Information.**

(1) Lab and Other Patient Information

Data regarding specimen, organism (pathogen), patient status, and occupation are entered in this page. The screenshot is found on the next page.

Features

- The **DX** (Diagnosis) field is for specific types; use the drop-down list to choose the type.
- Other fields are free text; type what is on the report.
- The check boxes at the bottom let you click them on and off; some may open up another field or page when activated.

Lab and Other Patient Information Fields

DX (Diagnosis)   Choose from the drop-down list or type in the first two letters. This field contains the following choices: Clinical, Serology, Culture, PCR, Biopsy/smear, and Other.

Specimen Source   Enter the information as written. This field has space for 30 characters.

Notes   Enter any notes available; there is space for 30 characters.

Obs Request   This field is used for entering the name of the laboratory test or other test reported (Observation Request) when the event you are recording does not have an **Event Specific** page. Thus, this space can be used to enter the name of the test.

Obs Result   Test results (values) of the above named test are entered here.

Genus   Enter the first name, as written, of the bacteria, virus, or parasite causing the infection Example, for *Streptococcus pneumoniae* the *Streptococcus* would be entered here.

Species   Enter the second name, as written, of the bacteria, virus, or parasite causing the infection. This field space holds 50 characters.   Example, for *Enterococcus faecium* the *faecium* would be entered here. For *Salmonella*, the serotype (example, *typhimurium*) is entered here.

Strain   If molecular typing was done (PFGE methods results available), the strain name is entered in this field as written. This field space holds 15 characters.

If the answer is Yes for the following questions, click (mouse) or hit space bar to select.

Pregnant
Hospitalized
Died   When you check Yes, a date field appears. Enter the date digits if available.
Child or Employee Working in a Daycare
Healthcare Worker
Food Handler

⇨ To go to the **Submitter Information** page, click the **Submitter Information** tab or press the <Tab> key.

(2) Submitter Information

This page is used to enter physician, laboratory, or hospital information. You can choose from the respective drop-down lists, or type a few characters into the box to find the hospital, lab, or provider you want. If the name is not there, you cannot enter it directly on these fields. You have to add it to the list.

☞ You can easily add hospitals, laboratories, provider, or clinic data to the drop-down list by double clicking in the lab or hospital field. Consider adding the names of doctors, clinics, or others who regularly report to you. If you want to add a new hospital or lab to the list of submitters, double click in the Hospital or Lab fields to open the screens that allow you to make changes. (See the Hospital Setup and Lab Setup sections.)

Submitter Information Fields

Lab   If applicable, choose from the drop-down list or type a few characters into the box to find the lab name you want.

Hospital   If applicable, choose from the drop-down lists or type a few characters into the box to find the hospital name you want.

Submitter ID   Enter the number if you have it, if not leave blank.

Physician Last Name, First Name   Enter the name as written. There is space for 50 characters.

Physician Address   Enter the address as written. There is space for 50 characters.

Physician Phone   Enter the numbers as written, digits only; the field is preformatted.

⇨ To continue data entry, click the **Event Specific** tab.

Hospital or Lab Setup

☞ If you want to add a new hospital or lab to the list of submitters, double click in the Hospital or Lab fields in the **(2) Submitter Information** tab. The screens shown below will open. These screens are used to add new hospital, clinic, or lab information. Make sure to double-check your information when entering a new hospital or lab.

The minimum information that should be entered in these screens is name, city, and address. A phone number of the hospital, clinic, or lab facility can be entered in place of an address. Preferably all fields would be entered.

There is a drop-down list for facilities (**Look up Labs** or **Look up Hospitals**) Ignore it if you are entering a new facility record. Use these drop-down lists if you are changing one or several fields in a facility already listed.

Hospital or Laboratory Setup Fields

Hospital or Lab Name   Type full name of facility, do not use abbreviations.

Federal Hospital or Lab ID   Enter if you have it, if not leave blank.

County   Enter and please check for accuracy.

Address   Must enter if the phone number for this facility is unknown. Enter full address.

City   Must enter. Please check for accuracy.

State   Must enter.

Zip   Enter and please check for accuracy.

Phone   Must enter if address is not available. Please check for accuracy.

☞ After you have completed entering the fields, click <Add Record> to create a new hospital or lab record. Click <Close> when you are done entering the information. This will get you back to the **(2) Submitter Information** screen.

⇨ To continue data entry, click the **Event Specific** tab. The **Local Use** and the **Misc. Information** tabs can be ignored. To exit the **Data Entry Form**, click on the <X> button on the right top corner of the form.

(3) Miscellaneous (Misc.) Information

☞ Ignore this page if your version has it. Do not click this tab or you may be forced to quit the system. This page contains the space-holder fields for NETSS source codes. The screenshot is shown below.

Event Specific Pages

These pages (screens) have specific fields (questions) for specific diseases/events. Some diseases or health events will not have this page. The screens often contain questions equivalent to the hard copy report or investigation forms. Refer to the completed hard copy forms when entering into these screens. The

fields are different for each disease/health event. Please refer to Chapter 3 for detailed data entry instructions for these events.

☞ If the **Data Entry Form** does not have an **Event Specific** page, click the <Save Record> button to add the record. You have finished data entry for this record.

⇨ To exit the **Data Entry Form**, click on the <X> button on the right top corner of the form. If you have more records to enter, return to the **Patient** page (identified by the patient's name on the tab) and click the <Add New> button to repeat the process.

Local Use Page

This page is for local health department use only. Ignore this page if your department is not a local health department. This screen allows addition of special fields for custom data. The various fields allow 15, 30, or more characters.

If the **Administrative** program in the **Main Menu** page is functioning and you are a local health department, you can customize the **Local Use** screen to suit your needs. (See screenshot in the **Main Menu** page.) That is you can add data that you collect.

⇨ If you want to enter several other event records on the same or different persons, return to the **Patient** tab and click <Save Record>. Then click the <Add New> button and proceed to fill in the appropriate pages.

To exit the **Data Entry Form**, click on the <X> button on the right top corner of the form.

3. Event Specific Pages

These pages have specific fields (questions) for specific diseases/events. Some diseases or health events will not have this page.

The screens often contain questions equivalent to the hard copy case report or investigation forms. Refer to the completed hard copy forms when entering into these screens.

The fields are different for each disease/health event. Some of the fields are hidden and will appear depending on the choices that are made or how the question is answered.

All date fields use the "**mm/dd/yyyy"** format.

The sample screenshots in this section will show all of the fields on the screen.

Make sure that you are selecting the appropriate event name and code for the condition you are entering. Several events (diseases or conditions) have more than one Event Code. For example Hepatitis B and C have at least 2 codes corresponding to the acute and chronic types of hepatitis.

Case criteria, definitions, and reference material are available at the Texas Department of Health (See the IDEAS web pages - Epi Case Criteria Guide) and the Centers for Disease Control and Prevention (www.cdc.gov) websites. A table listing the event codes, corresponding event names, and TxEDSS event abbreviations is found in the appendix.

Please refer to the following detailed data entry instructions for these diseases/events.

10650 Bacterial or Other Meningitis

On the **Patient** screen, if you choose Bacterial/Other Meningitis as the event, a specific **Bact/Other Mening** tab will appear. The **Bacterial/Other Meningitis** page has 4 sub-tabs: **Medical**, **Lab Data and Treatment**, **Exposure**, and **Comments**. The following screenshot shows the data entry fields for this condition. These screens are the equivalent of the TDH hard copy forms. Refer to the hard copy form to enter into these screens.

Medical Fields

Date of onset   Enter an 8-digit date.

For the following fields, choose Yes, No, or Unknown. If the answer is Yes, additional fields may appear. Enter an 8-digit number in the date fields.

Was the patient hospitalized
Admit Date
Which Hospital   Choose the name from the drop-down menu or type the first few letters of the name to go to the available names.
Died   If Yes, then enter an 8-digit number for the **Date of Death**.
Discharge Date

Type of infection caused by the organism   Check boxes that apply by using the space bar or the mouse.

Lab Data and Treatment Fields

Was Positive Culture taken   For the following questions, choose the answer from the drop-down menus. Additional fields may appear depending on your selection.

Date when first positive culture obtained
Specimen in which organism was isolated
Bacterial species isolated from any normally sterile site

The following fields appear only when specific bacterial species are chosen.

> **What Serogroup**
> **Resistant to Sulfa**
> **Resistant to Rifampin**
> **Resistant to Penicillin**

Treatment (Vaccinated)   Choose the vaccine type from the menu, enter the date vaccinated (8-digit number), and the lot number of the vaccine.

Exposure Fields

Did any member of the patient's household have a similar infection during the 60 days prior to onset   Choose Yes, No, or Unknown. If Yes, enter the answers in the fields that appear.

Name   Birthdate   (mm/dd/yyyy)
Relationship
Date of illness   (mm/dd/yyyy)
Total number of household contacts
Number who were prophylaxed
Date prophyl.   (mm/dd/yyyy)

Did the patient attend/work at a day care center/home during the 60 days prior to onset? Choose Yes, No, or Unknown. If Yes, answer the questions in the fields that appear.

Name
Address   Date last attended   (mm/dd/yyyy)
Total classroom contacts   Students   Staff
Number prophylaxed   Students   Staff
Date prophyl.   (mm/dd/yyyy)

Did any other child have a similar infection during the 60 days prior to onset? Yes, No, or Unknown. If yes, list names, date of illness, and complete a hard copy of the "Bacterial Meningitis" form for each child. There are three fields available to name the contacts.

Comments   Enter any data that has not been entered elsewhere on this screen.

11560 *E. coli* O157:H7

On the **Patient** screen, if you choose *E. coli* O157:H7 as the event, a specific ***E. coli* O157:H7** tab will appear. This disease specific page is the equivalent of the TDH hard copy form. In addition to completing this TxEDSS page, the hard copy investigational form should be mailed or faxed to TDH.

For the most part, the questions are self-explanatory. Many fields are hidden and appear only when certain questions have been answered. This page (screen) has 6 sub-tabs: **Patient, Symptomology, Lab Data and Linkage, Treatment, Exposure, and Exposure (Cont)**.

Patient Fields

Occupation   Type the name of the patient's occupation.

How many household contacts does the patient have   Type the number.

Have any of these had a diarrheal illness   Choose Yes or No.

If Yes, other fields will appear.   Enter **Last Name, First Name,** and **Date of onset** of the household contact(s) who have had diarrhea. Click Yes if a culture was done and the culture is positive.

Symptomology Fields

☞   After entering the date when signs and symptoms first appeared, choose Yes or No from the drop-down menu for each symptom listed or question asked. The "mm/dd/yyyy" format is used for all dates. See screenshot below.

Symptoms

Date of onset   Enter an 8-digit number.

Diarrhea   Choose Yes or No.

Bloody Diarrhea   Choose Yes or No.

Hospitalized   If Yes, the following questions will appear:

Hospital   Choose from the names in the drop-down box or type in.

Admit Date   Type an 8-digit number.

Discharge Date   Type an 8-digit number.

Thrombotic thrombocytopenic pupura   Choose Yes, or No.

Hemolytic uremic syndrome (HUS)   Choose Yes or No.

Died   Check box if Yes.

Lab Data and Linkage Fields

Lab Data

Lab   Choose a name from drop-down menu.
Organism isolated   Type in the name of the bacteria identified in the lab culture results.
Isolate sent to TDH for confirmation/PFGE typing   Choose Yes or No.

Linkage

Prior to and immediately after onset, was the patient?

Associated with another case   Choose Yes or No.
Associated with an outbreak   Choose Yes or No.
Close contact with another case   Choose Yes or No.

Treatment Fields

This tab has one question: **Were antibiotics or antimotility drugs administered?** Choose Yes or
No. If you choose Yes, other fields will appear as shown in the screenshot. Enter the dates when
the treatment started and when it ended. There is space for four medications; only two rows may be
functional. All dates are in the form of mm/dd/yyyy. The screenshot follows.

Exposure Fields

☝ This tab covers questions about exposures (**Medical Risk Factors** and **Suspect Foods**) and is self-explanatory for the most part. Some fields are hidden and will appear only when a question is answered Yes. The screenshot shows all the fields available for data entry including the hidden ones.

Medical Risk Factors   Check box for Yes answers. Click only on the boxes that apply and enter text in the field that appears.

Antibiotic use within 30 days of onset
Chronic medications
Immunocompromised

Suspect Foods   Check box for Yes answer. Click only on the boxes that apply and enter text in the field that appears.

Ground Beef at home   Brand and where purchased   Enter brand name and the store name where the beef was bought.

Ground Beef from restaurant   Enter name of restaurant.

Other ground beef (e.g., picnic, bbq)   Enter circumstance (place), where beef was eaten.

Raw milk or other unpasteurized dairy products   Enter name of brand and where bought.

Unpasteurized fruit juices   Enter name of brand and where bought.

Fresh produce from farm or home garden   Check is applicable.

Sprouts   Check is applicable.

Food samples submitted to TDH   Choose Yes or No. If Yes, enter the answers to the questions that appear.

Type   Enter the name of the type of food sent to the lab.

Organism isolated from food   Enter the name of the bacteria identified by the lab.

Food sample PFGE match patient PFGE   Choose Yes or No.

Exposure (cont.) Fields

This tab covers questions about exposures (Other Potential Risk Factors) and is self-explanatory for the most part. Some fields are hidden and will appear only when a question is answered positively. Click on all that apply.

Contact with diapered children   Check box if Yes.

Contact with someone who has diarrhea   If box is checked, then type name of contact in the field.

Exposure to animal waste   Check box if Yes.

Recreational water exposure   If box is checked, then enter Where and When.

Exposure to livestock   Check box if Yes.

Exposure to poultry   Check box if Yes.

Exposure to exotic pets   Check box if Yes.

Does the patient work at or attend a day care center   Choose Yes or No. If Yes, enter text in the boxes that appear for name, address, phone, and director of the day care center.

Were other children or staff ill   Choose Yes or No.

Were they cultured   If Yes, enter check mark in box..

Excluded from attendance   If Yes, enter check mark in box.

Comments   Enter any other data that is available about this case here.

Investigated by   Enter the full name of the investigator who filled out the investigational form.

11085 Ehrlichiosis, Human Granulocytic (HGE)
11086 Ehrlichiosis, Human Monocytic (HME)
11087 Ehrlichiosis, Other or Unspecified Agent

☞ Ignore these pages. Do not enter data on these screens. When reporting a confirmed case of infection with these bacteria, fill out the hard copy investigational form (Rickettsial Disease Surveillance form) and mail it or fax it to TDH.

10110 Hepatitis A, Acute

☞ On the **Patient** screen, if you choose Hepatitis A, acute as the event, a specific tab will appear. The **Hepatitis A, Acute** page has 8 sub-tabs: **Clinical Data, Laboratory Data, Risk Hx, Vaccination Hx, Foodhandler, Supervised Care, Food History,** and **Misc.**

Clinical Data Fields

Date of Diagnosis   Enter an 8-digit date.

Choose Yes, No, or Unknown for the following questions. If the answer is Yes, enter an 8-digit number in the date fields.

Did case have symptoms
Jaundiced
Hospitalized   Enter the date of hospitalization in the field.
Died from Hepatitis   Enter the date of death in the field.

Laboratory Data Fields

If you answer Yes to **Was Laboratory testing done?** the laboratory tests/results fields become available for entry.

Enter the date of collection and results for each test. Choose from test results pick list: Positive, Negative, Indeterminate, Pending, Not done, or Unknown.   For the **PCR (Quan)** field, enter the numeric value and type of units. For the **Liver function tests**, enter the value and units for each test.

☝ PCR is a test that has both qualitative and quantitative results and so only one date is needed for this test type.

Risk Hx Fields

The group of questions and fields in this section refer to the specified time period.

During the 2-6 weeks prior to illness.

Was the case a contact of a confirmed or suspected acute or chronic hepatitis A case Choose Yes, No, or Unknown from the drop-down list. If Yes is chosen, another field will appear.

Type of contact Choose from the drop-down list choices: Sexual, Household, Other, or Unknown.

Did the case eat raw shellfish Choose Yes, No, or Unknown from the drop-down list.

Did the case travel outside of the US or Canada Choose Yes, No, or Unknown from the drop-down list. If Yes, answer the question, **Where** (location), by choosing from the drop-down list

choices: South/Central America, Africa, Caribbean, Middle East, Asia/South Pacific, Australia/New Zealand, or Other.

Starting from and **through**   Enter the dates of travel (8-digit dates).

Did the case use needles for injection of street drugs   Choose Yes, No, or Unknown from the drop-down list.

What is the case's sexual preference   Choose from the drop-down list: Heterosexual, Homosexual, Bisexual, or Unknown.

Last time case had sex   Enter an 8-digit date.

Number of partners in last 2 months   Choose from the drop-down list: None, One, 2-5, >5, or Unknown.

Vaccination Hx Fields

Has the case ever received any HAV vaccinations   Choose from the drop-down list: Yes, No, or Unknown.

Next, fill in the dates when the dose of specified vaccines were given. Leave blank if this information is not available. Enter 8-digit dates.

Was case a Hep A non-responder   Choose from the drop-down list: Yes, No, or Unknown.

Food Handler Fields

Was the case a food handler   Choose from the drop-down list: Yes, No, or Unknown. If Yes, a text box appears:
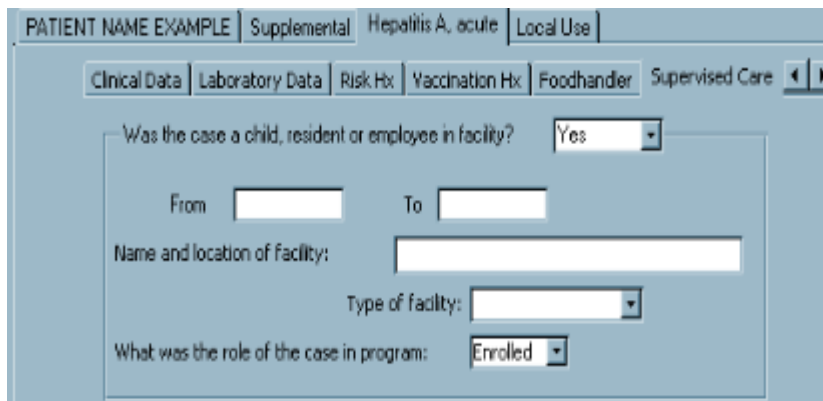
Name and location of facility   Type name and street address of the place where the person acted as a food handler in this text box.

Did the case have diarrhea while at work   Choose from the drop-down list: Yes, No, or Unknown.

When was the last day the case worked   Enter an 8-digit date.

Supervised Care Fields

Was the case a child, resident, or employee in facility   Choose from the drop-down list: Yes, No, or Unknown. If Yes, other fields will appear.

From – To   Type the dates when the person was at this facility.

Name and location of facility   Type the full name and address of the facility in the text box.

Type of facility   Choose from list.

What was the role of the case in program   Choose from the drop-down list: Enrolled, Employed, Resident, or Patient.

Food History Fields

This screen contains the questions regarding the food history of the patient for the specified time period.

Food history of case for the 2-6 weeks prior to onset   Please enter the name and address in all the applicable places. The screenshot is shown on the next page.

Name and location of   Enter the full name and street address of those that apply: Restaurant, Food Store, Bakery, Group Meals, and Raw shellfish purchased.

Misc. (Miscellaneous) Fields

All household/sexual contacts requiring prophylaxis for hep A   Fill in the Name, Age, and Relationship to case of all contacts.

Comments   Type any additional notes.

Investigated by   Type the full name of the person who investigated this event.

Importation Class   Choose from the drop-down list: Acquired in TX, Acquired outside US, Acquired in US outside TX, or Unknown. If the hepatitis was acquired outside of Texas, a field will appear for the location.
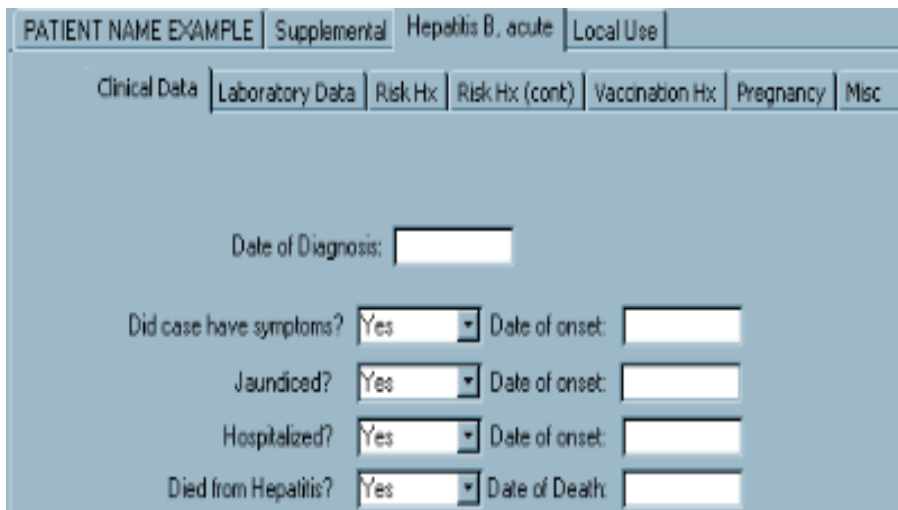
10100 Hepatitis B, Acute
10105 Hepatitis B, Chronic
10104 Hepatitis B, Perinatal

🖉   Please complete a case track form (investigational/surveillance form) and fax or mail to the Immunization Division (Fax: 512 458-7544)

On the **Patient** screen if you choose Hepatitis B, acute; Hepatitis B, chronic; or Hepatitis B, perinatal as the event, a specific **Hepatitis B** tab will appear for each of these events. These disease specific pages are identical and have seven sub-tabs: **Clinical Data, Laboratory Data**, **Risk Hx, Risk Hx (cont.), Vaccination Hx, Pregnancy**, and **Misc.** (Miscellaneous). The following will cover the **Hepatitis B, Acute** event.

Clinical Data Fields

Date of Diagnosis   Enter an 8-digit date.

Choose Yes, No, or Unknown for the following questions. If the answer is Yes, enter an 8-digit number in the date fields.

Did case have symptoms
Jaundiced
Hospitalized   Enter the date of hospitalization.
Died from Hepatitis   Enter the date of death.

Laboratory Data Fields

If you answer Yes to **Was Laboratory testing done**? the laboratory tests/results fields become available for entry.

Enter the date of collection and results for each test. Choose from test results pick list: Positive, Negative, Indeterminate, Pending, Not done, or Unknown. For the **PCR (Quan)** field, enter the numeric value and type of units. For the **Liver function tests**, enter the value and units for each test.

Risk Hx Fields

Answer the following questions by choosing Yes, No, or Unknown. If you answer Yes, these fields will appear:

Type of contact   Choose Sexual, Household, Other, or Unknown.
Blood contact   Choose Frequent, Infrequent, or Unknown.
Starting from and **through**.
Association (This field is found in the Hepatitis B, chronic and Hepatitis B, perinatal pages.) Choose Patient, Employee, or Contact.

What is the case's sexual preference   Choose from the drop-down list: Heterosexual, Homosexual, Bisexual, or Unknown.

Last time case had sex   Enter the 8-digit date.

Number of partners   Choose from the drop-down list: None, One, 2-5, >5, or Unknown.

Risk Hx (cont) Fields

Answer all the questions by clicking Yes, No, or Unknown.

Vaccination Hx Fields

If the case was vaccinated, enter the dates Hepatitis A and B vaccines were administered.
Was case a Hep B non-responder?   Choose Yes, No, or Unknown.

Pregnancy

If case is pregnant, respond to the following fields: **Expected delivery date**, **Planned location of delivery**, **Doctor's (OB) name** and street **address**, and **Phone** number.

Misc. (Miscellaneous) Fields

Enter the **Name**, **Age**, and **Relationship** to case of all contacts requiring prophylaxis for hepatitis B.

Choose **Importation Class** from drop-down list: Acquired in Texas, Acquired outside of US, Acquired in the US outside of Texas, or Unknown. If the disease was acquired outside of Texas, a field will appear for the location.

Type the investigator's name and any additional comments in the fields provided.

10101 Hepatitis C, Acute
10106 Hepatitis C, Chronic (Past or Present)

On the **Patient** screen, if you choose Hepatitis C acute or chronic as the event, a specific **Hepatitis C** tab will appear. The **Hepatitis C** pages for acute and chronic hepatitis C are identical and have 5 sub-tabs: **Clinical Data, Laboratory Data, Risk Hx, Risk Hx Cont**., and **Misc.** This section will cover the Hepatitis **C, Acute** event.

Clinical Data Fields

Date of Diagnosis   Enter that date if known.

Choose Yes, No, or Unknown for the following questions. If the answer is Yes, enter a 8-digit number in the date fields.

Did the patient have symptoms   Please go to the hepatitis C fact sheet at the IDEAS web page for a signs and symptoms list.

Jaundiced   (Jaundiced means the skin or the white part of the eye has become yellow.)
Hospitalized
Died from Hepatitis

Laboratory Data Fields

Was Laboratory Testing Done   If you answer Yes to **Was Laboratory Testing Done?** the laboratory tests/results fields become available for entry.

Enter the date of collection and results for each test. Choose from test results pick list: Positive, Negative, Indeterminate, Pending, Not done, or Unknown. For the **PCR (Quan)** field, enter the numeric value and type of units. For the **Liver function tests**, enter the value and units for each test.

Risk HX Fields

Answer all questions by choosing Yes, No, or Unknown. If you answer Yes, additional fields may appear.

If the case was a contact of a confirmed or suspected acute or chronic hepatitis B case, then an field will appear.

Type of contact Choose Sexual, Household, Other, or Unknown.
Blood contact Choose Frequent, Infrequent, or Unknown.
Starting from and **through**.
Association (This field is found in the Hepatitis B, chronic and Hepatitis B, perinatal pages.) Choose one of the following associations: Patient, Employee, or Contact

What is the case's sexual preference?   Choose from the drop-down list: Heterosexual, Homosexual, Bisexual, or Unknown.

Last time case had sex   Enter the 8-digit date.

Number of partners   Choose from the drop-down list: None, One, 2-5, >5, or Unknown.

Risk HX (cont) Fields

Answer the questions by clicking in the appropriate circle. Click the **Misc.** tab to continue.

Misc. (Miscellaneous) Fields

☞   Household contacts having direct contact with blood, body fluids or other exposure risk are candidates for hepatitis C testing. See the hepatitis C fact sheet for details on transmission and risk factors.

Importation Class   Choose from the location where the case was acquired, if unknown, use the location at the time of diagnosis. If acquired outside of Texas, enter location in the field that appears.

Investigated by   Enter the full name of the person who did the investigation and/or signed the investigational form.

10103 Hepatitis E

☝ Ignore this Event Specific page. Do not complete this page. When reporting a confirmed case of infection with this virus, mail or fax the hard copy investigational form to TDH, Infectious Disease Epidemiology and Surveillance division (Fax 512-458-7616).

11080 Lyme Disease

☝ Ignore this Event Specific page. Do not complete this page. When reporting a confirmed case of infection with this virus, mail or fax the hard copy investigational form to TDH, Zoonosis Control Division.

10140 Measles

✎ Please complete a case track form (investigational/surveillance form) and fax or mail to the Immunization Division (Fax: 512 458-7544)

On the **Patient** screen, if you choose measles as the event, a specific **Measles** tab will appear. The **Measles** page has 4 sub-tabs: **Symptoms, Treatment, Laboratory Results**, and **Exposure**.

Symptoms Fields

For all **Symptoms** and **Complications** fields choose Yes, No, or Unknown.

If Rash is answered Yes, enter the **Date of onset**, **Duration** (In days), **Description of Rash** (where rash began, face, trunk, or extremities) and whether the rash became generalized (Yes, No, or Unknown).

If **Fever** is answered Yes, enter the date of fever onset and maximum temperature in °F.

If **Other** (under **Complications**) is answered Yes, fill in text box with the symptom.

Was the patient hospitalized   If Yes, enter the number of days in hospital.

Treatment Fields

Vaccinated?   If you answer Yes, enter all MMR vaccination dates after the first birthday. If you choose No, another field will appear. Choose the reason for not being vaccinated from the drop-down list.

Doses before 1 year   Enter the number of single antigen or MMR doses received before the first birthday.

Total doses   Enter the total number of doses of measles containing vaccine.

Laboratory Results Fields
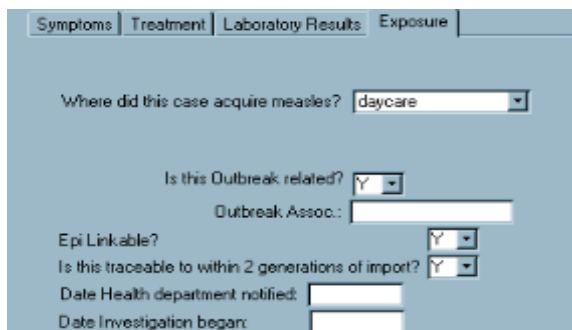
If laboratory testing was done, enter the test dates and results by test type.

Exposure Fields

Where did this case acquire measles   Choose Daycare, School, Dr. office, Hospital Ward, Hospital ER, Hospital Outpatient Clinic, Home, Work, Unknown, College, Military, Jail, Church, International Travel, or Other. If you choose Other, a field will appear. Type the place.

Is this Outbreak related   Choose Yes, No, Unknown; if Yes, type the name of the associated outbreak.

Epi-linkable   Choose Yes, No, or Unknown.

Is this traceable within 2 generations of import   Choose Yes, No, or Unknown.

Date Health Department Notified   Enter the date the investigating agency was notified about the case.

Date Investigation Began   Enter the date the investigation began.

10150 Meningococcal Disease (Neisseria Meningitidis)

On the **Patient** screen, if you choose **Meningococcal Disease** as the event, a specific Meningococcal tab will appear. The **Meningococcal Disease** page has 4 sub-tabs: **Medical**, **Lab Data and Treatment**, **Exposure**, and **Comments**. The following four screenshot shows the data entry fields for this condition. These screens are the equivalent of the hard copy form. Refer to the hard copy form to enter into these screens.

Medical Fields

Date of onset   Enter an 8-digit date (mm/dd/yyyy).

Was the patient hospitalized   Choose from the drop-down menu: Yes, No, or Unknown. If Yes, enter the answers to the following questions.

Admit Date   (mm/dd/yyyy)

Which Hospital   Choose the name from the drop-down menu or type the first few letters of the name to go to the available names.

Died   Choose Yes, No, or Unknown from the drop-down menu.

Date of Death   Use an 8-digit number (mm/dd/yyyy).

Discharge Date   (mm/dd/yyyy).

Type of Infection Caused by the Organism   Check boxes that apply by using the space bar or the mouse.

Lab Data and Treatment Fields

Was Positive Culture taken   For the following questions, choose the answer from the drop-down menus. Additional fields may appear depending on your selection.

Date when first positive culture obtained
Specimen in which organism was isolated
Bacterial species isolated from any normally sterile site

The following fields appear only when specific bacterial species are chosen: **What Serogroup, Resistant to Sulfa, Resistant to Rifampin,** and **Resistant to Penicillin.**

Treatment (Vaccinated)   Choose the vaccine type from the menu, enter the date vaccinated (8-digit number), and the lot number of the vaccine.

Exposure Fields

Did any member of the patient's household have a similar infection during the 60 days prior to onset   Choose Yes, No, or Unknown. If Yes, enter the answers in the fields that appear.

Name
Birthdate   (mm/dd/yyyy)
Relationship
Date of illness   (mm/dd/yyyy)
Total number of household contacts
Number who were prophylaxed
Date prophylaxed   (mm/dd/yyyy)

Did the patient attend/work at a day care center/home during the 60 days prior to onset?
Choose Yes, No, or Unknown. If Yes, answer the questions in the fields that appear.

Name
Address
Date last attended   (mm/dd/yyyy)
Total classroom contacts   Students   Staff
Number prophylaxed   Students   Staff
Date prophylaxed   (mm/dd/yyyy)

Did any other child have a similar infection during the 60 days prior to onset   Yes, No, or Unknown. If yes, list names, date of illness, and complete a hard copy of the "Bacterial Meningitis" form for each child. There are three fields available to name the contacts.

Comments

Enter any data that has not been entered elsewhere.

10180 Mumps

🖉 Please complete a case track form (investigational/surveillance form) and fax or mail to the Immunization Division (Fax: 512 458-7544)

On the **Patient** screen, if you choose Mumps as the event, a specific **Mumps** tab will appear. The **Mumps** page has 4 sub-tabs: **Symptoms, Vaccination History, Source of Infection,** and **Laboratory Data**.

Symptoms Fields

For all **Symptoms** and **Complications** fields choose Yes, No, or Unknown.

If **Parotitis** is answered Yes, enter the date of onset and duration in days.

If **Fever** is answered Yes, enter the date of fever onset and maximum temperature in °F.
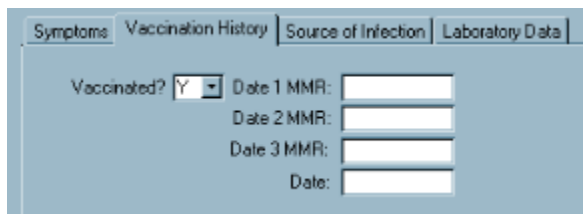
If **Other** (under **Complications**) is answered Yes, fill in text box with the symptom.

If patient was hospitalized, choose the **Hospital name**, enter the **Admit date**, **Discharge date**, and **number of Days in Hospital**. If the hospital name is not in the drop-down list, go to the **Submitter** form and add the new submitter data (Chapter 2).

Vaccination History Fields

If **Vaccinated** is answered Yes, enter dates for all MMR vaccinations.

If **Vaccinated** is answered No, choose the reason the patient was not vaccinated from the drop-down list.

Source of Infection (Exposure) Fields

Possible Source of exposure identified   Choose Yes, No, or Unknown.

Where did this case acquire the mumps   Choose from the drop-down list. If you choose **Other**, a field will appear. Type the location.

Is this Outbreak related   Choose Yes, No, or Unknown. If Yes, enter the name of the associated outbreak.

Epi-linkable   Choose Yes, No, or Unknown.

Is this case traceable to within 2 generations of import   Choose Yes, No, or Unknown.

Date Health department notified   Enter the date the investigating agency was notified about the case.

Date Investigation began   Enter the date.

Has any travel occurred during the exposure period   Choose Y (Yes), N (No), or U (Unknown).

List Location   Enter names of places where the person traveled.

Importation Class   Select from the drop-down: Acquired in Texas, Acquired outside of US, Acquired in US outside of Texas, or Unknown. If the disease was acquired outside of Texas, a field will appear. Type the location.

Laboratory Data Fields

Was Laboratory testing done?   Choose Yes, No, or Unknown. If Yes, then enter the test dates and results by test type.

10190 Pertussis

🖉   Please complete a case track form (investigational/surveillance form) and fax or mail to the Immunization Division (Fax: 512 458-7544)

On the **Patient** screen, if you choose Pertussis as the event, a specific **Pertussis** tab will appear. The **Pertussis** page has 5 sub-tabs: **Clinical Data, Treatment, Laboratory Data, Vaccination History**, and **Source of Infection**.

Clinical Data Fields

SYMPTOMS

For the following fields choose the appropriate answer: Y (Yes), N (No), or U (Unknown). For **Pneumonia** enter the chest X-ray results as (Positive), N (Negative), X (Not Done).

Cough   If Yes is chosen, enter **Date of onset** and **Duration (In days)** in days for cough.
Paroxysmal   If Yes, enter **Date of onset** for paroxysmal cough.
Inspiratory Whoop
Vomiting after Paroxysm
Apnea (Excl. Cyanosis Ep)
Cyanosis after Paroxysm
Pneumonia: Chest X-ray
Seizures (Focal or Generalized)
Encephalitis

Other   Briefly describe other symptoms or significant clinical findings.

Was the patient hospitalized   If Yes, enter **Name of hospital**, **Date of admission**, **Discharge date**, and **Number of days in the hospital**. For the name of hospital, choose a name from the drop-down

list. If the name is not in the drop-down list, go to the **Submitter** form and add the new submitter data.
(See Chapter 2 for instructions.)

Treatment Fields

Were antibiotics administered?   Choose Yes, No, or Unknown. If Yes, make appropriate selections
for First and Second Antibiotic, including **Date Started** and **Days treated**.

Outcome   Choose Survived, Died, or Unknown. If you choose "Died" enter the date of death in the
Supplemental/Lab and Other Patient Information tab, and submit a Pertussis Death Worksheet to
TDH.

Physician diagnosis   Enter physician diagnosis.

Laboratory Data Fields

Was laboratory testing done?   Choose Yes, No, or Unknown.

For the following tests, enter date collected and choose results from the menu: P (Positive), N (Negative),
I (Indeterminate), E (Pending), X (Not Done), S (Para-pert), or U (Unknown).

Culture
DFA
Ser-Acute
Ser-Conv (Convalescent)
PCR

Vaccination History Fields

If **Vaccinated** is answered Yes, enter dates for all DTP vaccinations.

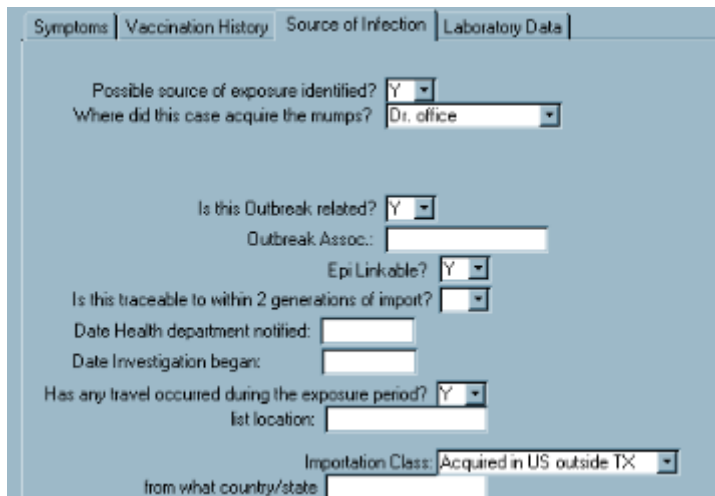If **Vaccinated** is answered No, choose the reason the patient was not vaccinated from the drop-down list.

Last Pertussis vaccination before illness   Enter the date of the last pertussis vaccination received by the infected person before they were sick.

Total number of doses   Enter the total number of doses of pertussis toxoid containing vaccine received by the infected person.

Number of persons receiving prophylaxis   Enter the number of contacts to the infected person receiving prophylactic medications.

For each dose of vaccine prior to illness, enter the date of vaccination, manufacturer, and type of vaccine.

Manufacturer   Select from drop-down list.

Type   Choose from Whole cell, DTaP, DT, DTaP-Hib, DTP-Hib Tetra, Pert. only, Other, and Unknown.

Source of Infection Fields

Possible source of exposure identified   Choose response Yes, No, or Unknown.

Where did this patient acquire pertussis   Choose response from pick list. If you select **Other**, a field will appear. Type the place.

Is this Outbreak related   Choose response Yes, No, or Unknown.

Outbreak Assoc.   Enter the name of the outbreak if known.

Epi-Linkable   Choose response Yes, No, or Unknown.

Is this traceable within 2 generations of import   Choose response Yes, No, or Unknown.

Date Health department notified   Enter date investigating agency was notified of the suspected case.

Date Investigation Began   Enter an 8-digit date.

Has any travel occurred during the exposure period   Choose response Yes, No, or Unknown. If Yes, type location(s).

Importation Class   Choose response from pick list: Acquired in Texas, Acquired outside of US, Acquired in US outside of Texas, Unknown. If the disease was acquired outside Texas, a new field will appear for the location.

10250 Rocky Mountain Spotted Fever

🖉 Ignore this page. Complete the hard copy investigational form and fax or mail to TDH, Zoonosis Control Division.

10200 Rubella

🖉   Please complete a case track form (surveillance form) and fax or mail to the Immunization Division (Fax: 512 458-7544)

On the **Patient** screen, if you choose Rubella as the event, a specific **Rubella** tab will appear. The **Rubella** page has 5 sub-tabs: **Symptoms, Vaccination History, Laboratory Data, Source of Infection,** and **Pregnancy**.

Symptoms Fields

For all **Symptoms** and **Complications** fields choose Yes, No, or Unknown.

If **Rash** is answered Yes, enter the onset date of rash, duration in days, where rash started (Face, Trunk, or Extremities) and if rash was generalized (Yes, No, or Unknown).

If **Fever** is answered Yes, enter the date of fever onset and maximum temperature in °F.

If **Other** (under **Complications**) is answered Yes, enter the symptom in the text box.

If patient was hospitalized, fill in the **number of Days in Hospital**.

Vaccination History Fields

If **Vaccinated** is answered Yes, enter the dates for all MMR vaccinations. If **Vaccinated** is answered No, choose the reason from the drop-down box.

Doses after 1 yr   Enter the total number of doses received after 1 year of age.

Laboratory Data Fields

Was Laboratory testing done   Choose Yes, No, or Unknown. If Yes, then type the dates collected and results by test type.

Source of Infection Fields

Where did this case acquire rubella   Choose from daycare, school, Dr office, hosp. ward, hosp. ER, hosp. outpt clinic, home, work, unknown, college, military, jail, church, international travel, and other.

Is this outbreak related   Choose from Yes, No, and Unknown. If Yes, type in the name of the outbreak.

Epi-Linkable   Choose from Yes, No, and Unknown.

Is this traceable to within 2 generations of import   Choose from Yes, No, and Unknown.

Date Health department notified   Enter 8-digit date.

Date Investigation began   Enter 8-digit date.

Pregnancy

Was the case pregnant   Choose from Yes, No, and Unknown. If Yes, then enter the number of weeks of gestation at onset.

Prior evidence of serologic immunity   Choose from Yes, No, and Unknown. If Yes, then enter the year of test and age at test.

Was Rubella confirmed by serology   Choose from Yes, No, and Unknown. If Yes, then enter the date of confirmation. The **Age when confirmed** field may not function.

88730 SARS-CoV Disease

🖉 Ignore this page.

11716 Strep Invasive, Other
11717 Strep Pneumoniae, Invasive
11720 Streptococcus Pneumoniae, Invasive, Drug Resistant

🖉   Ignore these pages.

By definition, invasive would include infections that result in the bacteria being found in the blood, cerebrospinal fluid (CSF), synovial joint fluid, and other sterile sites in the human body.

⇨   Return to the **Patient** page. Write the name of the drug (antibiotic) that the bacteria are resistant to in the C**omments** field. Click <Save Record> to add the record. You have finished data entry for this event.

10260 Typhus Murine

✎   Ignore this page. The hard copy investigational form should be mailed or faxed to TDH, Zoonosis Control Division.

10030 Varicella (Chickenpox)

On the **Patient** screen, if you choose varicella (chickenpox) as the event, a specific **Varicella** tab will appear. There is only one disease specific page for varicella/chickenpox. This is a short page that contains fields for several self-explanatory questions. The cursor may not move in sequential order in this page.

Varicella/Chickenpox Fields

Vaccinated   Choose from Yes, No, Unknown. If Yes, enter the date(s), and lot numbers if known.

Did patient ever contract chickenpox?   Choose from the drop-down list: Yes, No, or Unknown. If Yes, enter the approximate date.

Date of infection   Type the 8-digit date.

Description   Type a description of the infection type.

Notes   Enter comments or notes in this text box.

✎   **Reported by**   Enter the name of the agency reporting the case. Use all caps and no punctuation. Entry should be standardized from the drop-down list when possible.

PATIENT NAME EXAMPLE | Supplemental | Varicella | Local Use |

Vaccinated?   Yes

	Date	Lot Number
1st Vaccine		
2nd Vaccine		

Did patient ever contract chickenpox?   Yes

Date of Infection?   Description

Notes

Reported By:

Appendix: Table of Event Codes and Names

This is a cross-reference table that contains the Event code, Event name (long), abbreviated TxEDSS names, and other commonly used names and abbreviations.

Notifiable Diseases with links to CDC reporting forms are shown as blue, underlined names.

Event Code	Disease/Condition/Event Name	TxEDSS Abbreviated Event Name	Other Common Names and Abbreviations
10560	AIDS	AIDS	HIV disease (AIDS)
11040	Amebiasis	Amebiasis	
10350	Anthrax	Anthrax	
10010	Aseptic meningitis	Aseptic meningitis	Viral meningitis, Meningitis viral
12010	Babesiosis	Babesiosis	
88383	Bacterial syndrome, other specify	Bact syn oth specify	
10650	Bacterial/Other meningitis	Bact/other mening	Meningitis bact oth, Mening bact specify
10530	Botulism, foodborne	Botulism, foodborne	
10540	Botulism, infant	Botulism, infant	
10548	Botulism, other unspecified	Botulism, not specifi	
10549	Botulism, wound	Botulism, wound	
10020	Brucellosis	Brucellosis	
11020	Campylobacteriosis	Campylobacteriosis	
10273	Chancroid	Chancroid	
10274	Chlamydia	Chlamydia	
10470	Cholera	Cholera-tox O1/O139	Vibrio choler O1/O139
80060	CJD (Creutzfeldt-Jakob disease)	CJD	Creutzfeldt-Jakob dis
11900	Coccidioidomycosis	Coccidioidomycosis	
11580	Cryptosporidiosis	Cryptosporidiosis	
11575	Cyclosporiasis	Cyclosporiasis	Gastroente Cyclospor
10680	Dengue Fever	Dengue Fever	
10685	Dengue Hemorrhagic Fever	Dengue hemorrhagic	DHF (Dengue hemorrhag)
10040	Diphtheria	Diphtheria	
11087	Ehrlichiosis human, other/unspecified	Ehrlichiosis unspecif	
11085	Ehrlichiosis, human	Ehrlichiosis, gran HE	HGE (Ehrlichiosis, gr)

Event Code	Disease/Condition/Event Name	TxEDSS Abbreviated Event Name	Other Common Names and Abbreviations
	granulocytic (HGE)		
11086	Ehrlichiosis, human monocytic (HME)	Ehrlichiosis, mono HME	HME (Ehrlichiosis, mo)
10054	Encephalitis/meningitis, California	Enceph Calif	California enceph
10053	Encephalitis/meningitis, Eastern equine	Enceph east equine	Eastern equine enceph, EEE (Eastern equine e)
10057	Encephalitis/meningitis, Powassan	Enceph Powassan	Powassan enceph
10051	Encephalitis/meningitis, St. Louis	Enceph St. Louis	St Louis enceph
10055	Encephalitis/Meningitis, Venezuelan equine (VEE)	Enceph Ven equine	Venezuelan equine enc, VEE (Venezuelan equin)
10056	Encephalitis/meningitis, West Nile	Enceph West Nile	West Nile enceph
10052	Encephalitis/meningitis, Western equine	Enceph west equine	Western equine enceph, WEE (Western equine e)
11560	Enterohemorrhagic Escherichia coli (EHEC) O157:H7	Ecoli O157:H7	
11564	Enterohemorrhagic Escherichia coli (EHEC) shiga toxin positive (not serogrouped)	Ecoli no sero shiga+	
11562	Enterohemorrhagic Escherichia coli (EHEC) shiga toxin positive (serogroup non-O157)	Ecoli non-O157 shiga+	
10991	Gastroenteritis	Gastroenteritis	
11570	Giardiasis	Giardiasis	
10280	Gonorrhea	Gonorrhea	
10276	Granuloma inguinale	Granuloma inguinale	
10590	*Haemophilus influenzae*, invasive disease	H flu, invasive	Haemoph influen, HIB, Haem influ B
10380	Hansen's disease (Leprosy)	Hansen's disease	Leprosy (Hansen's dis)
11610	Hantavirus Infect	Hantavirus Infect	
11590	Hantavirus pulmonary syndrome	Hantavirus Pulm Syn	HPS
11550	Hemolytic uremic syndrome (HUS)	Hemolytic uremic sy	HUS
10110	Hepatitis A	Hepatitis A, acute	Hep A acute
10100	Hepatitis B, acute	Hepatitis B, acute	Hep B acute
10105	Hepatitis B, chronic	Hepatitis B, chronic	Hep B chronic

Event Code	Disease/Condition/Event Name	TxEDSS Abbreviated Event Name	Other Common Names and Abbreviations
10104	Hepatitis B, perinatal	Hepatitis B, perinata	Hep B perinatal
10106	Hepatitis C virus infection, past/present (Chronic)	Hepatitis C chronic	Hep C chronic or unk
10101	Hepatitis C, acute	Hepatitis C, acute	Hep C acute
10102	Hepatitis D	Hepatitis D, acute	Hep D acute
10103	Hepatitis E	Hepatitis E, acute	Hep E acute
10562	HIV Infection, adult	HIV Infection, adult	
10561	HIV Infection, pediatric	HIV Infection, pediat	
10568	Human T-cell lymphotrophic virus-I	HTLV-I Infection	
10569	Human T-cell lymphotrophic virus-II	HTLV-II Infection	
11060	Influenza, Human Isolates	Influenza, human isol	Flu
11950	Lead, Adult	Lead, Adult	
11910	Lead, Child	Lead, Child	
10490	Legionellosis	Legionellosis	Legionnaires' disease, Legionella, Pontiac fever
10390	Leptospirosis	Leptospirosis	
10306	LGV-Lymphogranuloma	LGV-Lymphogran v	
10640	Listeriosis	Listeriosis	
11080	Lyme disease	Lyme disease	
10130	Malaria	Malaria	
10140	Measles	Measles	Rubeola (Measles)
10150	Meningococcal disease	Meningococcal disease	Bact/N M meningitis, Meningitis Bact N M, N meningitidis
10308	Mucopurulent Cervicitis (MPC)	MPC mucopur cerv	
10180	Mumps	Mumps	
10317	Neurosyphilis	Neurosyphilis	
10307	Nongonococcal Urethritis (NGU)	Non-GC urethritis	
10996	Norovirus gastroenteritis	Norovirus gastroenter	Gastroenteritis noro, NLV gastroenteritis
80750	PAM/GAE (Primary amebic meningitis	PAM/GAE	Amebic meningitis, Primary amebic mening, Meningitis amebic
10309	Pelvic Inflammatory Disease (PID), unknown etiology	Pelvic Inflammatory Di	PID unknown etiology
10190	Pertussis	Pertussis	
10440	Plague	Plague	
10410	Poliomyelitis, paralytic	Polio	

Event Code	Disease/Condition/Event Name	TxEDSS Abbreviated Event Name	Other Common Names and Abbreviations
10450	Psittacosis	Psittacosis	Ornithosis (Psittacosis)
10255	Q fever	Q fever	
10340	Rabies, animal	Rabies, animal	
10460	Rabies, human	Rabies, human	
10845	Relapsing Fever	Relapsing fever	
11030	Reye Syndrome	Reye syndrome	
10250	Rocky Mountain spotted fever	Rocky Mountain SF	RMSF (Rocky Mount SF)
10200	Rubella	Rubella	
10370	Rubella, congenital syndrome	Rubella, CRS	CRS (Cong rubella sy), Rubella congenital s
11000	Salmonellosis	Salmonellosis	Salmonello-not typhi
88730	Severe acute respiratory syndrome (Corona virus disease)	SARS-CoV disease	Coronavirus assoc ARS, SARS, Severe acute resp syn
11010	Shigellosis	Shigellosis	
11800	Smallpox	Smallpox	
11661	Staphylococcus aureus, coagulase-positive, methicillin- or oxacillin-resistant (MRSA)	Staph-MRSA	MRSA
11665	Staphylococcus aureus, coagulase-positive, vancomycin-resistant (VRSA)	Staph-VRSA	VRSA
11663	Staphylococcus aureus, vancomycin intermediate susceptibility (VISA)	Staph-VISA	VISA
11715	Streptococcal disease, invasive group B	Strep grp B, invasive	GBS, Grp B Strep invasive, Strep agala invasive
11710	Streptococcal disease, invasive, group A	Strep grp A, invasive	GAS, Grp A Strep invasive, Strep pyoge invasive
11716	Streptococcal disease, invasive, other	Strep invasive, other	
11700	Streptococcal toxic-shock syndrome	Strep toxic shock syn	Toxic-shock -Strep
11720	Streptococcus pneumoniae, drug-resistant	Strep pneumo inv d r	Pneumo invasive-dr
11717	Streptococcus pneumoniae, invasive disease	Strep pneumo invasiv	Pneumo invasive
50010	Sudden Infant Death Syndrome (SIDS)	Sudden Inf Death Syn	SIDS
10316	Syphilis, congenital	Syphilis, congenital	
10313	Syphilis, early latent	Syphilis, early latnt	

Event Code	Disease/Condition/Event Name	TxEDSS Abbreviated Event Name	Other Common Names and Abbreviations
10314	Syphilis, late latent	Syphilis, late latent	
10318	Syphilis, late neurosyphilis	Syphilis, late no nue	
10311	Syphilis, primary	Syphilis, primary	
10312	Syphilis, secondary	Syphilis, secondary	
10315	Syphilis, unknown latent	Syphilis, unk latent	
10210	Tetanus	Tetanus	
10520	Toxic shock syndrome	Staph toxic shock	
12020	Toxoplasmosis	Toxoplasmosis	
10270	Trichinosis	Trichinosis	
10230	Tularemia	Tularemia	
10240	Typhoid fever	Typhoid fever	Salm. Typhi (typhoid)
10260	Typhus Murine	Typhus, murine	Murine typhus
10030	Varicella	Varicella	Chickenpox
11540	Vibrio Infection	Vibrio infecti, other	
11541	Vibrio Parahaemolyticus	Vibrio parahaemolytic	
11542	Vibrio Vulnificus	Vibrio vulnificus	
88783	Viral Syndrome, Other Specify	Viral Syn other specify	
10056	West Nile encephalitis/meningitis	Enceph West Nile	
10049	West Nile fever	West Nile Fever	
10660	Yellow fever	Yellow fever	
11565	Yersiniosis	Yersiniosis	

Glossary

Acute   Short and severe illness.

Antibiotic   A medication or drug used for treatment of bacterial infections.

Antimotility   Against spontaneous movement.

Culture   Growth of microorganisms on media ideal for growth. Also refers to the test.

Case   An instance of disease; a case-patient who meets criteria for diagnosis of a specified disease.

Chronic   Long-term duration of an illness.

Confirmed   Reported event that has been investigated and determined to meet clinical and laboratory case criteria.

Drop-down List   A list/menu that appears when the arrow button adjacent to the field is clicked.

Dx   A commonly used abbreviation for the word, "diagnosis."

Enrolled   Registered as a participant.

Enter   An instruction to type the appropriate answers in the blanks on the screen or press <Enter>.

Epi-linkable   Another way of saying that the event is related to a cluster or outbreak.

Event   Disease or health condition name.

Exposure   Contact with an infectious disease or agent of disease.

Field   Space that contains one item of information. A field is also a blank space where you can type data.

Form   A document with questions or blank spaces for the insertion of data. This guide uses page, form, and screen as equivalent words. That is, these words have similar meanings.

Hx   A commonly used abbreviation for the word, "history."

Isolate   An organism or chemical that has been found or identified through the culturing process. Sometimes used in place of the word "culture."

Importation   Brought into the place or location from outside the boundaries specified.

Link   Related to or associated with.

Non-responder   A person who does not show the usual response to treatment with a vaccine or drug.

Organism   In this guide, usually a virus, bacteria, or parasite that causes illness.

Outbreak   Determined by the persons investigating a cluster of cases of infection.

Onset   Date when signs and symptoms of illness first appear.

Prophylaxis   Procedure or treatment to prevent transmission of a disease, usually taking place before exposure to the agent of infection or shortly thereafter.

Quantitative   A description of results in a number or amount value for measurement of weight, height, speed, concentration or other process.

Qualitative   Description of the qualities or character of the process or thing. For example, "Positive" and "Negative" are used to describe lab results. "Sensitive" or "Resistant" describes whether bacterial growth is or is not inhibited by a specified antibiotic.

RX   Common abbreviation for prescription or treatment.

Record   Collection of related data treated as a unit. A record is all the data entered about each person's event.

Screen   Area that displays text and graphics.

Skip   Automatic computer program that allows items or fields to be passed over or left out. The cursor will move from blank to blank as programmed.

Status   Condition of the event record; state of affairs. TxEDSS uses Unassigned, Confirmed, Probable, Suspect, Dropped, Duplicate Record, Deleted Record, and Unknown.

System Requirements

Desktop Installation

Software

Windows 98, 98 SE, NT 4 (SP 6),
2000 (SP 2+), Me, XP

Microsoft Access 2000

Recommended Hardware

Pentium II 350-MHz or higher

256 MB Ram

Display resolution 1024x768

50 MB available storage memory (or
approx 3x production data store,
whichever is greater)

Minimum Hardware

Pentium 75-MHz or higher

128 MB Ram

Display resolution 800x600

50 MB available storage
memory (or approx 2x production
data store, whichever is greater)

Network Installation

Microsoft Access 2000

50 MB available storage memory on the same network volume where the
production data store is located (or approx 3x production data store, whichever is
greater)